

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | | FILING DATE | |
|--------------|----------|------|------------------------|------|------------------------|--------------|--------------|-------------|---|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | |
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| TOTAL IND. | 4 | | ↓ | | ↓ | | TOTAL IND. | | ↓ |
| TOTAL DEP. | 13 | | ← | | ← | | TOTAL DEP. | | ← |
| TOTAL CLAIMS | 17 | | | | | | TOTAL CLAIMS | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS